

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155769		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2011	
NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N MORRISON ROAD MUNCIE, IN47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/28/11</p> <p>Facility Number: 011596 Provider Number: 155769 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Morrison Woods Health Campus was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident sleeping rooms. The facility has a capacity of 110 and had a census of 95 at the time of this survey.</p>			K0000	<p>Submission of this Plan of Correction does not constitute an admission by Morrison Woods Health Campus of any wrong-doing or failure to comply with Federal or State regulations. Moreover, the allegations contained in this statement of deficiencies are not a true or accurate portrayal of the provision of nursing care or the services of this facility. This provider requests this plan of correction be considered as our allegation of compliance. The provider respectfully requests a desk review with paper compliance be considered in establishing the provider is in substantial compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/04/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:						

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K0038 SS=E	<p>Based on observation and interview, the facility failed to ensure 3 of 5 exits with ramps were provided with handrails. LSC Section 7.2.2.4.2 requires stairs and ramps shall have handrails on both sides. Handrails shall be provided within 30 inches of all portions of the required egress width of stairs. This deficient practice could affect 19 residents on 100 hall and 21 residents on 200 hall including staff and visitors if the facility were required to evacuate in an emergency.</p> <p>Findings include:</p> <p>Based on observations on 02/28/11 at 12:55 p.m. and 1:22 p.m. with the Maintenance Supervisor, the following exits with ramps were not provided handrails on both sides:</p> <p>a. 100 hall exit discharge ramp measured a four inch drop in two feet of walkway,</p> <p>b. 200 hall exit discharge ramp measured a three and one half inch drop in two feet of walkway.</p> <p>Based on interview on 02/28/11 concurrent with each measurement with the Maintenance Supervisor, it was acknowledged the exit discharge ramps for the aforementioned exits were not provided with handrails on both sides of the ramps.</p>			K0038	<p>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice: In order to assure safe evacuation of all residents, in the event of an emergency, staff will be posted at the ramps leading from the 100 and 200 hall exits to escort residents safely to the parking lot. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: Forty (40) residents had the potential to be affected by this alleged deficient practice. However, no residents were affected by the alleged deficient practice. Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: A vendor has been contacted to install handrails on both sides of the exit ramps leading from the 100 hall exit and 200 hall exit. The installation is scheduled to take place before 4-22-2011. See attached work order. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The handrails will be mounted permanently. Director of Plant Operations will monitor the handrails to ensure stability as part of routine rounding.</p>		04/22/2011

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	3.1-19(b)						